

Office of Public Carrier
Delaware Transit Corporation
119 Lower Beech Street, Wilmington, DE. 19805-1042
1-800-652-3278, Prompt 7 FAX 302-577-1042

Application - Certificate of Convenience and Necessity

Section 1: Type of Operations

Filing Fee \$400.00	Receipt # : _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order
Type of Service	<input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> Charter Bus	<input type="checkbox"/> Non-Emergency Medical <input type="checkbox"/> Fixed Route
No. of vehicles		
Service Territory	<input type="checkbox"/> Sussex County Only <input type="checkbox"/> Kent County Only <input type="checkbox"/> New Castle County Only <input type="checkbox"/> Statewide	
If Custom, explain	<input type="checkbox"/> Custom-describe below	

Print or Type Only

Section 2: Applicant Information

Ownership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp (LLC) <input type="checkbox"/> S-Corporation
	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership (LLP)
Applicant's Name (If Corp., use bus. name)	
Trading As	
Mailing Address	
Location of Records	
Contact Name	
Federal I.D. No.	
Social Security No. (If applying as Sole Prop.)	
Business Phone No.	
Business Fax No.	
Cell Phone No.	
E-Mail Address	

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Section 3: Business Owners, Officers, Directors, Members, Partners

Sole Proprietorship Information

Last Name	First Name	Social Security No.	Date of Birth

Ownership Information

Complete the following for all shareholders/officer/directors/members/partners. Articles of Incorporation filed with the Delaware Secretary of State must accompany this application for all corporations. The written Partnership Agreement or Limited Partnership filed with the Delaware Secretary of State must accompany this application for all partnerships. Attach a list if more room is needed.

Last Name	First Name	SSN	Date of Birth	% of Ownership

Partner or Corporation Agreements please label as **Attachment A**

Section 4: Operational Information

Year-Round	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, Seasonal	From: _____	To: _____
Hours of Operation	From: _____	To: _____

Section 5: Vehicle Information

Please submit copies of the registration cards for vehicles already in possession and/or a purchase quotation document from the individual/company you intend to purchase the vehicle(s) and/or letter of intent to purchase the vehicle(s) within 180 days, if approved. Each vehicle registration and insurance card must match the applicant's name. Attach a list if more room is needed.

Year	Make	Model	Vehicle I.D. No. (VIN)	Seating Capacity

Please label as **Attachment B**

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Section 6: Proposed Color or Design

Applicants applying for Charter Bus, Taxicab rights must file with DelDOT a picture or proposal for color scheme, insignia, name, or monogram proposed to be permanently affixed to the vehicle so as to not simulate vehicles of special design or markings operated by other carriers within the same local area.

☐ Attached

☐ Does Not Apply

Please label as **Attachment C**

Section 7: Driver Information

Please include a copy of each individuals driver's license and driving record from the current State of residence. Attach a list if more room is needed.

First Name	Last Name	SSN	Date of Birth	Driver License No. State Issued

Please label as **Attachment D**

Section 8: Financial Fitness Requirement

Financial Fitness Requirement

Company must prove financial fitness by providing one of the following:

☐ Attached

A letter of intent for General Liability coverage in the amount of \$1,000,000 from a qualified insurance company with the Office of Public Carrier Regulation listed as a Certificate Holder

☐ Attached

A letter of intent to obtain a bond in the amount of \$100,000 from a qualified surety company and notarized with the Office of Public Carrier Regulation listed as the third-party recipient

☐ Attached

Documentation of any nature which the Public Carrier presents as evidence of meeting the financial ability provision. This documentation is subject to review by the Office of Public Carrier Regulation and legal counsel of the Delaware Department of Transportation.

Please label as **Attachment E**

Section 9: Auto Liability Insurance

The proposed operations, by the applicant, must be covered by and with a public liability and property damage policy issued by a insurance company licensed to conduct business in the State of Delaware.

☐ Taxi

Minimum Coverage - Bodily injury or death per person, per accident

\$25,000

Minimum Coverage - Per accident for property damage

\$10,000

Minimum Coverage - Personal Injury Protection per accident

\$30,000

☐ All Others

Minimum Coverage - Bodily injury or death per person, per accident

\$100,000

Minimum Coverage - Per accident for property damage

\$50,000

Minimum Coverage - Personal Injury Protection per accident

\$30,000

Please label as **Attachment F**

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Section 10: Background Check

All business owners, officers, directors, members and managers must provide a Federal Bureau of Investigation and a State Bureau of Investigation criminal history background check to verify that they are clear of any disqualifying crime

Please label as **Attachment G**

Section 11: Rates

Please provide a listing of the proposed rates to be charged to customers. This document must be typed, and on company letterhead. It must clearly identify the information that a customer needs to determine the charge for transport to and from a particular destination. Once established the rates cannot be changed, unless a formal request is received by this office. In addition, only vehicles equipped with a taximeter can utilize a per mile rate.

Please label as **Attachment H**

Section 12: Proposed Operations

The applicant must satisfactorily present written evidence that the proposed operations will serve a useful public purpose, a useful public necessity, and a useful public convenience that is responsive to public demand that existing public carriers are not able to meet. This requirement can be satisfied through the presentation of petitions, surveys, requests for service, demographic trend surveys or other documents that clearly identify a public demand exists. Written statements by the applicant are insufficient without supporting documentation. This information can be presented by completing the Application's Supplemental Questionnaire or by submitting a business plan that addresses the aforementioned requirements.

Please label as **Attachment I**

Section 13: Fixed Route

Please provide a map showing proposed routes and schedules.

Please label as **Attachment J**

I, the undersigned, certify under penalty provided by law, that the statements made and the information furnished in this Application are true, correct, and complete to the best of my knowledge and belief and I have the authority to bind the Applicant to the information provided. I understand that the providing false information or omitting substantive information may cause the rejection of this Application or revocation of a Certificate of Convenience and Necessity, if issued.

Signature of Applicant or Authorized Representative

Date

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For Office Use Only

Reviewer: _____ Date: _____

Approved for Intervention: ☐ Yes ☐ No

Yes Intervention Ends: _____ Intervention Received: ☐ Yes ☐ No

If No Intervention Received: _____

Office of Public Carrier Regulation Signature: _____

Approval: ☐ Yes ☐ No Date: _____

Chief of Fraud / Investigation Unit Signature: _____

Approval: ☐ Yes ☐ No Date: _____

Comments: _____

Complete this section if intervention is received by another carrier:

Hearing Date: _____

Hearing Officer Signature: _____

Approval: ☐ Yes ☐ No Date: _____

Office of Public Carrier Regulation Signature: _____

Approval: ☐ Yes ☐ No Date: _____

Chief of Fraud / Investigation Unit Signature: _____

Approval: ☐ Yes ☐ No Date: _____

Comments: _____

Approved Docket Number Issued: _____

Date Certificate Issued: _____